

from purulent ophthalmia in infancy, and in whom the right was almost blind from leucoma of nearly the whole cornea. Various means had been used in vain. The author, therefore, made an artificial pupil by drawing the iris through the cornea and excising a portion of it. Severe inflammation ensued which was with difficulty managed; but three months after, the patient not only had a good artificial pupil, but the cornea had become much less leucomatous, and this especially at the part where the incision through it had been made. The next bad case of leucoma, therefore, which the author met with, he treated as follows: the patient was a lad fourteen years old, who had lost his right eye from purulent ophthalmia in infancy, and had leucoma of nearly all the left cornea. At four different times, with intervals of eight days, a common cataract knife was passed into the cornea as deep as possible without penetrating it, and was drawn out with a sliding motion. After the first three times no inflammation ensued; therefore, after the fourth, some tinct. opii was dropped into the wound three times a day. Severe inflammation set in, but it was moderated by local bleeding, and the treatment by opium was continued for two months. The leucoma became gradually less, and the patient who could at first only discern light from darkness, became able to guide himself in walking, and to perceive the window-frames in his room. The second case was that of a man forty years old, who had leucoma of one eye from gonorrhoeal ophthalmia. It had been variously but vainly treated for a year. The author made incisions into the cornea twice, with an interval of fourteen days. After the second, a tolerably severe inflammation ensued which required active treatment. As soon as it had ceased, sulphate of zinc and tincture of opium were again dropped into the eye, and after a year and a half, not a trace of leucoma could be seen.—*Ibid.* from *Holscher's Hannoversche Annalen*, Sept. 1841.

[Further evidence of the safety as well as efficacy of this plan of treatment will be required, before we shall be induced to repose any confidence in it.]

57. *Local employment of Calomel in Ophthalmia Neonatorum.*—A short time since, Dr. Kluge began to use calomel as a local application in cases of ophthalmia of new-born infants which came under his care in the lying-in department of the Charité at Berlin. The results were extremely fortunate, and Pr. v. Siebold of Göttingen, who was induced to try the remedy, has obtained from its employment very great success.

The manner of introducing the calomel into the eye is by means of a camel's hair pencil loaded with the powder, which is shaken from it into the eye, while an assistant separates the lids. In the treatment of the ophthalmia neonatorum this remedy may be had recourse to as soon as the first traces of the disease appear, and its employment once daily is then in general sufficient. After the lapse of from half an hour to two hours, according to the quantity of the secretion, the eye may be washed from the powder, and the ordinary rules as to cleanliness be attended to. In severe cases the application may be repeated twice every day; but when the disease is mild a single application daily suffices to effect a cure in from four to ten days, if the remedy had been had recourse to from the outset. The more severe and intractable forms of the disease do not appear to have been benefited by the local employment of the calomel.—*Ibid.* from *Medicinische Zeitung*, June 8, 1842.

MIDWIFERY.

58. *Puerperal Fever in Doncaster.*—ROBERT STORRS, Esq., of Doncaster, relates, in the *Prov. Med. Journ.*, April 23, 1842, several cases of puerperal fever which occurred in his practice during the months of January, February, and March, 1841, followed by some interesting remarks on what he considers to be the true origin of the disease. "During the whole of the winter of 1840-1," he observes, "erysipelas, typhus fever, and scarlatina of a malignant form, prevailed

in Doncaster to an unusual extent, especially erysipelas, which I have never before known to be so general or so severe. Puerperal fever was never known to have prevailed epidemically up to this time, or if it did so, it was never acknowledged. On the night of January 7th, or early on the morning of the 8th, the most severe night of the winter, when the thermometer was lower than it had been for many years, I attended Mrs. Downes (Case I), a hard-working washerwoman, with her tenth child. Her labour was perfectly natural, though rather more severe than she was accustomed to, and she had some severe rigors previous to delivery, which I ascribed to the severity of the night. On the morning of the 9th, thirty hours after delivery, she was seized with another severe rigor, succeeded by severe abdominal pain, excessively rapid pulse, and all the symptoms ascribed to puerperal fever in its severe form. She died on the morning of the 12th.

"On the morning of the 13th, I attended Mrs. Boyd (Case II), of Cautley, four miles from Doncaster, an infirm woman. She was seized with severe rigors, also, thirty hours after delivery, and died on the 17th.

"On the same day, January 13th, I attended Mrs. Briggs (Case III), a remarkably healthy woman, aged 28, at Doncaster. She remained quite well until the 17th, when she also was attacked, and died on the 22d.

"Mrs. Berry, aged 24, a delicate woman (Case IV), was confined at Doncaster on the morning of the 24th; the disease commenced on the 25th, and she was dangerously ill for some time, but at length recovered.

"Mrs. Hird (Case V), also a delicate woman, was confined at Doncaster of her fourth child on February 8th. She remained well until the 12th, when the usual symptoms set in, though less severely, and on the 17th she was convalescent.

"Mrs. Bullas, of High Ellers (Case VI), was confined of her seventh child, February 12th. She was attacked on the 14th, and died on the 16th.

"Mrs. Pearson (Case VII), of Doncaster, was confined, February 19th, of her seventh child. She was attended by my friend Mr. Loxley; I called a few hours afterwards, and merely spoke to her; she was doing well; when I called again, on the 21st, the fever was just commencing, and she died on the 24th.

"Mrs. Williams (Case VIII), a delicate woman, was attended by me, on February 24th, of her fourth child. She was attacked on the 25th, and died on the 27th.

"Besides the above eight cases of fever, I attended sixteen other females in labour, from the 8th of January (the day on which I attended the first unfortunate case) to the 26th of February, all of whom did well; some of them within a few hours of those who took the fever, and in two or three instances I went from one to the other. When the first three cases of fever occurred, I changed all my clothes, and used every means I could think of to prevent its spread. On the occurrence of another case, I again did so, and after each succeeding one, made use of such precautions as extreme anxiety suggested. At the same time, I must confess, I had a strong impression that the cause of the disease was epidemical, and that my brother practitioners in the town would probably also have cases of a similar nature. I now determined to leave home for a time, under the hope that, after a change of air, I should be freed from the poison, which I could not now but suppose clung to me personally. I left home on March 1st, making a tour among my friends, chiefly on the borders of Wales, and returned with renewed hopes on the 16th, having again had an entire change of clothes, and using every precaution (as I thought) with respect to ablutions, &c.

"On the morning of the 21st, I again attended a woman in labour, Mrs. Wilson (Case IX), mother of nine children, residing in Marsh-gate, Doncaster. On the 22d, at midnight, she was first attacked with the usual symptoms, and died on the 25th. On the morning of the 22d, before Mrs. Wilson was seized, I attended Mrs. Bask, of Cleveland-street, Doncaster. She remained quite well until the 25th. She was then attacked by the usual symptoms, and died on the 27th. Being now led to suspect that some extra puerperal causes produced the

mischief, I was confirmed in the suspicion by the opinion of Dr. Thompson, of Sheffield, whom I happened to meet in consultation, backed by the experience of Mr. Reedall, of the same town, who kindly sent me his opinion through a common friend; and the cases which I was most inclined to blame I mentioned to Dr. Thompson, who confirmed me in the belief that the fever had probably sprung from them. This was a case which had been, in the commencement, gangrenous erysipelas of the leg and foot, in a stout, gross woman, a near neighbour of mine, of the name of Richardson. On looking back at this case, I recollected that I had been called to her on the very evening prior to my attending Mrs. Downes, the first case, and that the person who was with the latter, as a neighbour, was also a neighbour and friend of Mrs. Richardson, and had been there also on the same evening. And though this erysipelatous case speedily lost its gangrenous character, a succession of abscesses appeared, which every now and then required to be opened, some of them containing a large quantity of offensive pus. The last of these abscesses I opened on the morning I attended the last case but one of this melancholy series. It contained an immense quantity of foul pus, more than a washhand basinful was evacuated, and even then it was far from being emptied. I now determined to cease my attendance altogether on this case, and the patient was taken off my hands by my friend Dr. Branson, who continued to attend her until her recovery was completed, which was some months afterwards. I attended on the 22d and 24th three other cases of midwifery, having made every possible ablution, and in an entire change of clothes; all the patients did well; but considering that it would be too great a risk to continue to do so after producing such a great amount of misery, I determined I would attend no more for a time; I consequently left off the practice for about a month, and am happy to say that, since that time, I have had but one case to cause me any uneasiness; I have gone on as successfully, though perhaps more anxiously than was my former wont. Besides the decided opinions of Dr. Thompson and Mr. Reedall, I am much indebted to my friend Mr. James Allen, of York, and to Mr. Smith, of Leeds, for pointing out to me the probability of the disease arising from some such cause as the one assigned; though, when I saw them, so decided a coincidence as the opening of an immense abscess, and the commencement of fever in two cases immediately following it, had not so strikingly attracted my attention. Having, however, now had my attention completely aroused, I found, on reference to my day-book, that on the very day or the day previous to having attended in labour, all the cases from the 4th to the 8th inclusive—except the 7th—I had opened an abscess, or dressed the wounds of this erysipelatous case; and though I had taken every pains to prevent the conveyance of the contagion from one puerperal case to another, yet, having been unaware of the danger of this particular case, I had probably carried the fomes from it to every one of them.

“As a somewhat singular coincidence, or corroboration of this opinion, I was requested, some months afterwards, on June 11th, to visit Mrs. Richardson, who sent me word that she was nearly well, but wished I would apply a bandage to her leg. My mind, however, misgave me, and I sent my eldest pupil, Mr. G. C. Dunham, to do it on Saturday the 12th. On Sunday he was sent for to the Union Workhouse to a labour, where he remained all day; the case was tedious, but delivery was at length safely accomplished shortly after my visiting the woman that evening. On the Tuesday I called upon her, and found her in the first stage of an attack of intense inflammation. She was bled, &c., and after a day or two of extreme danger, recovered. Having assured myself, as I think satisfactorily, that this case of gangrenous erysipelas and abscess was the origin of the mischief, in all the cases but one, I was yet in doubt how that case had arisen (No. 7), as I did not attend the case myself; she was attended by my friend Mr. Loxley, of the dispensary, and was merely visited by me subsequently. On investigation, I found that her case was also intimately connected with erysipelas, which might have been indirectly transmitted through me in the following manner:

“On February 16th, I attended, in labour, a Mrs. Barrett, of Cleaveland-street,

a neighbour of Mrs. Pearson, who did well; but her child was seized with erysipelas of the abdomen, from the navel to the genitals, of a gangrenous character, and died on February 4th. Mrs. Pearson (Case VII) laid out this child, and was confined herself on February 19th, attended by Mr. Loxley; she was seized with fever on the 21st, and died on the 24th. Her infant (Mrs. Pearson's) was sent out to nurse to a neighbouring village, and was seized with erysipelas when a fortnight old, which also assumed a gangrenous character, and the infant died on March 27th.

"Another of the cases of puerperal fever was also incidentally connected with erysipelas, viz. Mrs. Briggs (Case VIII). She was delivered, and continued on the same bed in which her husband had lain, who had only just recovered from a severe attack of erysipelas and typhoid fever.

"The above cases show not only the probability of the disease having arisen from the precise cause above mentioned, but also its intimate connection with erysipelas generally. The two cases, however, which occurred so soon after my return home, and before I had had any connection with any other erysipelalous case, show, I think, the exact source from whence they sprung.

"I will now revert to the cases not of a strictly erysipelalous character, which seemed to me to have owed their origin to the same disease. Ten days after the death of Mrs. Boyd, of Cautley (Case II), I was called to see her mother-in-law at the same house, who was seized with intense pleuritic inflammation, with typhoid symptoms. I saw her on January 27th, and she died on the 29th, being ill only two days; she was upwards of seventy years of age. Mrs. Lockwood, of Cautley, waited on Mrs. Boyd and mother; she had also a mild attack of typhus fever, but recovered. Her son was seized with the same disease after the mother's recovery, and got better after a tedious illness.

"Mrs. Mandy, of Nag's-head-yard, Doncaster, a neighbour of Mrs. Briggs (Case III), who visited and assisted in nursing the latter, was seized a few days after the death of Mrs. Briggs, with severe pleuritis, attended with phlegmonous inflammation, and the formation of an abscess on the chest above the right mamma, and extensive erysipelalous inflammation down the same side to the hip, which has since produced adhesion of the cellular texture to the ribs, and absorption of that structure. She recovered very slowly and with great difficulty. A young woman, whilst waiting upon her, was seized with shivering and subsequent fever, went home and died in a week, it is said, of typhus fever. I did not see her, and only know from hearsay.

"An unmarried sister of Mrs. Bullas (Case VI) came over to see her, and arrived just before her death, on February 16th. She was seized on the 24th with severe herpes zoster of a malignant character, the blisters of which contained blood, or bloody serum, were surrounded with severe erysipelalous inflammation, followed by considerable sloughing, and attended with typhoid fever. Subsequently a large abscess formed in the breast, which was cured March 30th. She then soon got well. The sister-in-law of Mrs. Downes, the first case, was taken ill of typhus fever a few days after Mrs. D.'s death, and was in a state of considerable danger for some time, but recovered. The whole of these cases, whether erysipelalous or not, form a chain of connection with each other.

"The probability of the identity of erysipelas and puerperal fever has been lately stated by Mr. Nunnely, of Leeds, in his work on erysipelas; but unless many diseases (such as typhus fever, &c.) are classed under that head, and consequently very great latitude is given to it, such an opinion must be quite untenable. It will be observed that many of the cases above related, which arose from the miasm of erysipelas or of puerperal fever, produced fevers of an ordinary or of a typhoid character, according to the condition of the patient at the time, influenced also probably by the more or less concentrated state of the poison. I am by no means disposed to confine the origin of puerperal fever to gangrenous erysipelas alone, though it is my firm belief it arose from it in the cases above related, for even in them it was produced from the matter of abscesses long after the disease had ceased to be gangrenous. I believe it may also readily be propagated from one individual to another, so that if a person

be unfortunate enough to attend a case of the kind, without great precaution, he may be liable to transmit it to others, whom he may be attending in the puerperal state. In many cases there is good reason to believe that it arises from attendance on post mortems, especially where there has been peritoneal inflammation. A friend of mine told me that he had no doubt but that in his practice it once arose from his having been called to a labour after the post-mortem of a fatal case of strangulated hernia; though in cases of this description there are often, probably, circumstances both of an erysipelatous and of a gangrenous character. I should also be disposed to believe that it may often be propagated by cases of erysipelas without gangrene, especially if accompanied by typhoid fever."

As to the treatment, Mr. S. observes, "It is plain that where death so constantly follows every variety of treatment, it can only be of very secondary importance to a knowledge of the origin of the disease, and to its consequent prevention. With regard to the above cases, they were severally treated according to the strength of the constitution, the inflammatory symptoms present, the rapidity of the typhoid, and low symptoms; and the degree of depletion was regulated by the consideration of these circumstances. I did not find that bleeding had any other effect than that of temporarily mitigating the severity of the disease; and it will be observed that it was only had recourse to from the arm in three cases, and these apparently the most likely to be benefited by it. Leeches were always of service in mitigating the pain, and, in one of the cases which recovered, were, with the assistance of a blister, the means of suddenly removing the tympanitis, which existed to a great extent. Calomel, which was only tried in large doses in the two last cases, seemed to be of essential service in arresting, and, though very temporarily, suspending the progress of the disease, and in each led me to hope for a short time that at last I had discovered a remedy; but its effects soon failed, and my disappointment has forced me to believe that, in severe cases of this fever, there is no remedial means that can be relied on, but that, as surely as the patient is seized with the full characteristic symptoms of the disease, she will almost as surely die. All the other remedies which were used, I scarcely set any value on. Of turpentine, as an internal medicine, I have a very unfavourable opinion; in two cases in which it was so employed, it caused intense sickness, and hurried on the sinking symptoms; as an enema, it was of service in removing tympanitis.

"Opium, at an early stage of the disorder, in a single full dose, is, I think, of use; and at an after stage, when the vital powers are flagging, it is of service in smaller doses, where there is much suffering; but it is by no means the same useful remedy it is found to be in ordinary puerperal peritonitis, or in those frequent cases of severe spasmodic pain which threaten inflammation. Fomentations, common or medicated, are always of some service, as are mustard plasters, and occasionally in mild cases blisters, where you have time; but in most of the cases which occurred to me, the period for treatment was so short, that any means which required time for their action, were too slow to do good. The turpentine fomentation, in having a speedy blistering effect, seemed to be the remedy most generally applicable as a counter-irritant. Being in great dread of propagating the disease, I made no very earnest endeavours to obtain examinations after death, being satisfied that the subject on this point was already too well studied to have any light thrown upon it by my humble means."

59. *Management of Cases of Prolapsus of the Funis.*—The following are Professor OSIANDER'S, of Gottingen, conclusions relative to this subject.

"1. Manual intervention is not required in every case of prolapse of the funis beyond the os uteri. It very frequently happens that the head passes beyond the funis, and that labour is terminated without any accident, though the case is left entirely to nature.

"2. When the conditions are favourable, that is to say when the child is of moderate size, when the structure of the parts is natural, and the pains are effective, it is best to leave the case entirely to nature. Moderate pressure on the

cord is seldom dangerous in these cases any more than when the funis is twisted round the child. At the most, if the process of labour is slow it may be proper to apply the forceps.

"3. Turning should not be resorted to unless some other circumstance than the prolapse of the cord renders it necessary. The old maxim that in all cases of funis presentation the child is to be turned is as ill-founded as it is mischievous.

"4. Cessation of pulsation in the cord is not a certain sign of the death of the fœtus, and is rather an indication for hastening delivery than a reason for neglecting the condition of the child.

"5. Attempts to replace the prolapsed funis within the uterus are seldom indicated; but on the contrary are almost always fruitless, while they are likely to interrupt and arrest the process of labour. If, however, the funis is low down in the vagina, or has descended out of it, it must be replaced, and retained within it by a sponge, a compress, or other means, since the action of the cold air speedily interrupts the circulation in the cord and occasions the death of the fœtus.—*British and Foreign Medical Review*, Oct. 1842, from *Neue Zeitschrift für Geburtskunde*. Band xii. Heft i.

60. *Extraordinary Case of Twins*.—DR. JAMIESON, of Dublin, relates the following case in the *Dublin Journal of Medical Science*, for September, 1841.

On the 3d of April, 1841, he was called to visit a lady 30 years of age, in consequence of severe pain in the abdomen, recurring at uncertain intervals, and lasting generally about five minutes at a time.

The author discovered a firm hard tumour, reaching as high as the umbilicus, which softened on the subsidence of pain, and appeared to be the gravid uterus. On applying the stethoscope, Dr. Jamieson thought he heard a placental murmur in the right iliac fossa; but the lady said it was impossible she could be with child, as she had been confined so recently (seven weeks before), and was at present nursing. As, however, Dr. Jamieson was convinced that the tumour was the uterus, and that it was acting to get rid of something, he ordered a dose of oil and retired to another room, in order to explain to the husband that he believed there was some foreign body in the uterus of his wife.

The author was hurriedly summoned, while engaged in this explanation, to the apartment of the lady: and on examining per vaginam, found the head of a small child presenting, with the membranes entire, which, on the occurrence of another pain, was expelled together with the placenta. The child was dead, and seemed to be about the sixth month of gestation; and though shrivelled and dark, was not at all putrid or decomposed. It was between eight and nine inches long. The mother was of course greatly surprised. She had been confined of the other twin on the 13th of February. Consequently the dead fœtus must have remained in the womb for forty-nine weeks.

61. *Short Funis*.—DR. J. B. THOMSON relates in the *Lancet*, June 4, 1842, a case in which the funis was only seven and a half inches long.

Mr. Stone has met with a case in which the funis was still shorter, being only six inches; and Mr. WM. COLLYNS, (*Provincial Medical Journal*, Aug. 6, 1842,) another, in which the funis was scarcely that length.

62. *Ante-version of the Uterus, reduced by position alone*. By DR. GODEFROY, Professor of Midwifery in the Medical School of Rennes.—Madame F., mother of two children, and having a large pelvis, was seized in August, 1839, while in the fourth month of pregnancy, with a sense of weight and dragging sensation in the groins and pelvis, and a constant desire to void her urine. When she was seen by Dr. G., the mucous membrane of the vagina was protruded beyond the vulva, from the strong efforts that she was making to empty the bladder. A catheter was introduced, which drew off about a wine-glassful of urine. Upon practising the toucher, the neck of the uterus was found situated upwards and backwards, and below the sacro-vertebral angle; in front, a round tumour was

felt pressing upon the pubis. The patient having been placed as for a case of laborious labour, the uterus was restored to its natural position by introducing one fore-finger into the vagina and the other into the rectum. In the following year, at the same period of pregnancy, she was seized with similar symptoms to those described above. Dr. G. not being able to attend upon her immediately, he recommended her to be placed in a position, which, in all probability, would relieve, if not effectually cure her. He advised her to be put on the side of the bed, with her head and hands on the floor, and with only the anterior part of the thighs and legs resting on the bed. He says, that in this position the intestines are drawn towards the diaphragm; that the pelvis is consequently emptied, and the uterus, being no longer pressed upon, resumes its normal situation. And this is what happened to the lady in question. She had scarcely been fifteen minutes in the above posture, when all painful sensations subsided. She then went to bed, where she was when Dr. Godefroy saw her, two hours after her attack. At this time she only complained of a feeling of weariness in the pelvis, with heat of the external parts. He did not practise the toucher. Being so delighted with the result of this case, he determined to try the effect of the same position in the next case that he saw, which was not till October, 1841. CASE 2.—Madame C., between three and a half and four months pregnant of her first child, 33 years, and well formed, was seized, on the 27th October, 1841, with a feeling of weight in the pelvis, and with frequent calls to make water. She went to bed, but did nothing else. She was able to get up next day. Dr. Godefroy was sent for on the morning of the 29th, as she thought she was going to have a miscarriage. He found similar symptoms to those already detailed in the first case. Upon examining her by the toucher, the neck of the uterus was felt behind and towards the curvature of the sacrum, while the fundus was in front and behind the pubis. As the bladder did not appear full, the catheter was not introduced. The patient was placed in the position recommended, viz., her head and hands on the floor; with the front part of the thighs and legs resting on the bed. Dr. G. was witness of the progressive improvement observed in this lady; at first the feeling of weight in the pelvis diminished, and then the desire to void urine ceased. As the position was very fatiguing, she was supported by the shoulders. She was kept for twenty minutes in this posture. Upon her lying down again in bed the uterus was felt by the toucher to be in the natural position. He is anxious that his medical brethren should adopt the same mode of treatment in similar cases, until it can be seen whether a more extended trial will sanction its employment.—*L. & E. Month. Jour. Med. Sci.*, March, from *Annales d'Obst. &c.* Jan. 1842.

63. *Stony Placenta*.—A singular case is recorded by Madame BUISSON DAUTHEZ, a midwife, at Paris, under this title. Her patient was delivered in February last of a living female child, which did well. The delivery was somewhat retarded by the size and consistence of the placenta. It was the patient's third labour.

The placenta was perfectly round; the cord was attached to its centre, and the membranes could be readily separated as far as the root of the cord. The diameter was seven inches in every direction, and it was an inch thick in the centre. The vessels, instead of ramifying, as in ordinary cases, terminated in two distinct sinuses for the two orders of vessels. The fetal surface did not present any remarkable appearance, but on that which had adhered to the uterus were remarked distinct lobes, formed by a concrete matter which resisted the scalpel; the colour and consistence being that of gray plaster. In order to ascertain how far the spongy substance was filled with this composition, the placenta was washed, and it was ascertained to be formed entirely by distinct concretions, larger at the edges than at the centre, but sufficiently free to allow of their separation. The accomplishment of the delivery without very great difficulty was owing to this mobility of the concrete lobules.

The patient had not experienced any of the strange whims which infect preg-

nant women, nor had she suffered from gout, rheumatism, or disease of the heart.—*Prov. Med. Jour.* Oct. 1, 1842, from *Gaz. Med. de Paris*, July, 1842.

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

64. *Marriage of the Deaf and Dumb.*—A curious case of opposition to the marriage of a deaf and dumb girl has just been decided by the supreme tribunal at Berne. It appeared, that Anne Luthi, the person in question, an exceedingly pretty young woman, of twenty-five, and possessing a fortune of 30,000 francs, had been placed in a deaf and dumb institution near Berne, where she had received an excellent education. On her return home to Rohrbach, her hand was demanded by a M. Brossard, who had been deaf from fourteen years of age, and had been employed for some years as a teacher, in the institution. He was thirty-two years of age, bore an excellent character, and had saved some money out of his salary. As Art. 31 of the civil code of Berne enacts, that deaf and dumb persons could not marry without having first obtained permission from the tribunal, Mdle. Luthi made application in the usual manner, but was opposed by her relations and by the commune in which she lived. The grounds of opposition were, that Brossard had taken an undue advantage of his position, in the institution, to captivate the young girl's affections—that it was to be feared that the children would labour under the infirmity of the parents—and that the latter could not, in case they were like other children, give them the cares required for a good moral education. The objections relating to the children being proved, by the testimony of medical men, to be perfectly chimerical, and letters being produced from the female herself, admirably written, breathing the utmost affection for Brossard, the court decided that as from their infirmity being mutual, and their consequent habit of interchanging ideas by signs, they were well suited to each other, and there were good grounds for expecting that the female would be happier with Brossard, than with any other person, no just grounds for opposition existed, and permission must accordingly be given for the marriage.—*Athenæum*, July 30, 1842.

65. *Poisoning by Muriatic Acid.*—As cases of poisoning by this acid are comparatively rare, the following from Mr. Herrship's work on affections of the stomach, may be here stated. A young man, in a fit of depression, swallowed half a tea-cupful of a solution of tin in muriatic acid. In five hours, I found him in severe pain at the stomach, with restless anxiety, thirst, and copious vomiting of stiff glairy mucus. Pulse 100, very small, rather hard. A full bleeding was taken from the arm, and oily diluents freely given. Dr. Hooper directed a blister to the stomach, aperient medicines and an emollient enema. The next day, the medicines had operated, but the symptoms were worse. Dreadful pain at the stomach, restlessness, astonishing quantity of mucus rejected, quickness and lowness of pulse all greatly aggravated. On the third day, the rapid pulse was scarcely perceptible, the other symptoms continuing, in the evening delirious, and in the night he died. *Post Mortem.* I found the mucous lining of the œsophagus somewhat inflamed. The stomach externally violently inflamed, internally thickened and pulpy, was excessively vascular, and filled with a stiff ropy mucus. A few inches only of the duodenum also were inflamed, yet no spasmodic contraction was observed.—*Quoted in Medical Times*, October 9, 1841.

66. *Asphyxia.*—Dr. Richardson detailed a case at the meeting of the British Association, at Manchester, which is interesting from its cause and history. It occurred in the operations for clearing the deck of the *Royal George*. The divers are equipped with a water-proof dress of Macintosh fabric, with a metallic helmet resting on the shoulders, to which is attached a tube, through which air is forcibly pumped from above. The divers generally remain below from half an hour to an hour or more, without any inconvenience, and return with